STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Redfield Press		2. DATE 9/24/2024
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ 58.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) The Redfield Press 116 E 7th Ave Spink Redfield SD 57469		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) News Media Corporation 211 Hwy 38 E Rochelle, IL 61068		
6. FULL NAME OF PUBLISHER: Mark Davis		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME: John C. Tompkins Revocable Trust — COMPLETE MAILING ADDRESS: 211 Hwy 38 E Rochelle, IL 61068		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	449	450
2. Mail Subscription (Paid and or requested)	763	723
3. Paid Electronic Copies	206	206
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1418	1379
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	82	82
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	—	—
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1500	1461
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	355	355
2. Return from News Agents	—	—
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1855	1816

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature) Business Manager/Circulation (Title)

State of South Dakota)
§
County of Beadle)

Sworn to before me this 27 day of Sept., 2024

Notary Public

My commission expires: 12/27/2024

(Seal)

MARK E. DAVIS NOTARY PUBLIC SOUTH DAKOTA SEAL

Form: SOS REC [illegible]